

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0597

Date: 11/15/00

Claimant /Victim ELIZABETH CAGLE

BY: (Atty) _____

Address: 314 5th Street, NE Apt 6

Subrogation: _____ Claim for Property damage \$ 132.60 Bodily Injury \$ _____

Date of Notice: 9/25/00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 9/22/00 Place: Ponce De Leon Avenue

Department _____ Division: _____

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that she sustained damages to her vehicle when she ran over a pothole on Ponce de Leon. However, Ponce de Leon Avenue is a part of the Georgia State Highway system and the responsibility of the Department of Transportation, and not the City of Atlanta.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Other _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved X Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager: _____ Concur/date _____

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date:

9/25/00

Holmes
09/29/00
Am

Dear Municipal Clerk:

ENTERED - 9-29-00 - SB
00L0597 - ALEXIS HOLMES

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 132.60 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 9/22/00 2. Time of Incident: approx 545 PM 3. Police called: ✓
(month/day/year) Yes No

4. Location of incident (including street address): Ponce de Leon City Hall East area

5. Name of your insurance company: Nationwide Insurance Policy No. 770 N 984756

6. State what and how incident occurred: while traveling West on Ponce De Leon Friday afternoon I hit a pot hole (very large) in the far right lane causing my tire to blow out upon impact.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: VW Jetta GLS 1997 295 DTP Elizabeth Cagle
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

Elizabeth Cagle

00- R-1936

Elizabeth Cagle
(Print Claimant's Name)

314 5th ST. NE Apt G
(Address)

Atlanta GA 30308
(City, State and Zip Code)

770.414.6268 404.875.3564
(Work Number) (Home Number)